

DOCQNET Project

Financial Services Applications



CA Department of Business Oversight

Version 2.0

(6/18/2014)

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1. Overview

The DBO Self Service Portal provides online electronic license applications for the following license types:

Escrow Licensing

- Main Office License
- Branch License
- Change of Ownership

CA Deferred Deposit Lender Law (CDDTL)

- Long Form
- Short Form

CA Finance Lenders Law (CFL)

- Main Application
- Branch Application

Users are able to fill out the required application information directly through the portal, and upload supporting exhibits related to each application. This guide uses Escrow law applications as an example, but the usage is similar for other license applications.

For specific information on the required exhibits for each application type, refer to the instructions that are provided on the current paper versions of the forms that are available on the DBO website:

<http://www.dbo.ca.gov/forms/default.asp>

Currently, online payment processing for financial services applications is not supported. These fees should instead be paid by check to the Department of Business Oversight and mailed to the Los Angeles office at 320 West 4th Street, Suite 750, Los Angeles, CA 90013.

2. Financial Services Applications

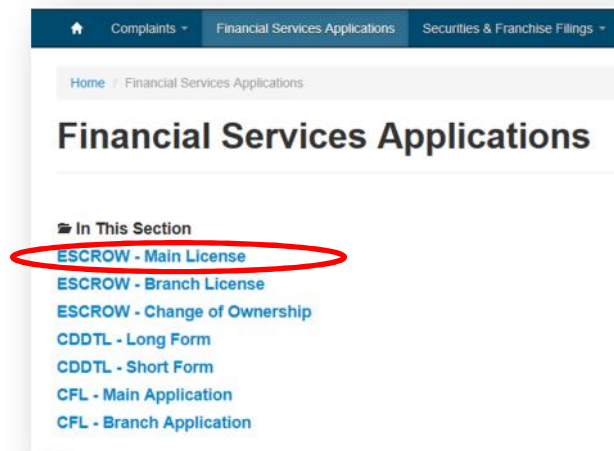
2.1 How to Apply for a Main License

Steps to Complete Process

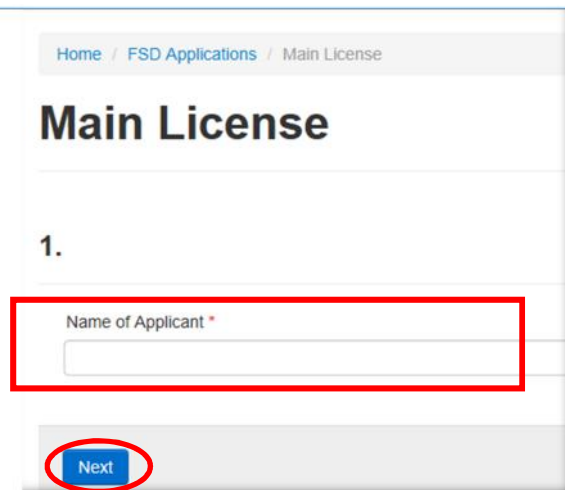
1. Log into the Portal. With the Portal being open to the homepage, click on “Financial Services Applications” at the top of the screen.



2. Click on the “Main License” hyperlink.



3. Enter the name of the applicant and then click the “Next” button.



4. Select how the applicant will be doing business and then click the “Next” button.

Home / FSD Applications / Main License

Main License

2.

Applicant will do business as:

☒ An Escrow Agent ☐ A Joint Control Agent

☐ An Internet Escrow Agent

Previous Next

5. Enter the address of the Applicant’s licensed place of business and then click the “Next” button.

Home / FSD Applications / Main License

Main License

3.

Applicant's licensed place of business shall be:

Number and Street City

123 Main St. int

County State Zip

Sacramento California 958

Previous Next

6. Enter the Date and State of Incorporation and then click the “Next” button.

Home / FSD Applications / Main License

Main License

4.

Date of Incorporation State of Incorporation

01/08/2014 California

Previous Next

7. Enter the names of officers and directors and then click the “Next” button at the bottom of the screen.

ESCROW - Main License

5. Names of officers and directors:

Full first and middle names MUST be given; if no middle name, please so indicate. (Attach list as Exhibit if space is insufficient)

Role 1 First Name 1

Middle Name 1 Last Name 1

Role 2 First Name 2

Middle Name 2 Last Name 2

8. Enter the information for any other officers, directors, stockholder, and employees that are to be stationed at the licensed location and then click the “Next” button at the bottom of the screen.
9. Enter the name of the person proposed as manager and claiming the qualification of Financial Code (“FC”) 17200.8 and then click the “Next” button at the bottom of the screen.

Home / FSD Applications / Main License

Main License

8. Name of person proposed as manager and claiming the qualification of Financial Code (“FC”) 17200.8 is:

Role 19 First Name 19 Middle Name 19 Last Name 19

Claiming FC Section 17200.8 Qualifications?

Yes

Previous **Next**

10. Enter the name of the person or entity who will be acting as escrow holder of the corporation’s stock certificates and then click the “Next” button at the bottom of the screen.

Main License

9. Name of person or entity who will be acting as escrow holer of the corporation's stock certificates: (please only fill out only the Person section or the Entity section)

Person

Role 20

First Name 20

Middle Last

Name Name

20 20

Escrow Holder

Entity

Entity Name

Escrow Holder

☒ No ☐ Yes

Previous

Next

11. Enter the date of the Fiscal Year End and then click the "Next" button.

[Home](#) / [FSD Applications](#) / [Main License](#)

Main License

10.

The Fiscal Year End Is:

06/30/2014

Previous

Next

12. Enter the contact information for the contact person and then click the "Submit" button at the bottom of the screen.

Main License

Contact Person

Please indicate the name, address, and telephone of the person who should be contacted for information regarding this application.

Role 21 <input type="text"/>	First Name 21 <input type="text"/>	Middle Name 21 <input type="text"/>	Last Name 21 <input type="text"/>
Number and Street 21 <input type="text"/>	City 21 <input type="text"/>	State 21 <input type="text"/>	Zip Code 21 <input type="text"/>
Telephone Number 21 <input type="text"/>			

Previous **Submit**

13. Attach supporting exhibits. These are defined on the downloadable application instructions form on DBO's website. Not all exhibits are required in order to submit an application, but eventually all such exhibits will be required in order for the application to be considered complete.

Note: It is highly recommended that supporting documents are uploaded in a **PDF format**.

ESCROW - Main License

Upload related documents:

Exhibit A	<input type="text"/>	Browse...
Exhibit B	<input type="text"/>	Browse...
Exhibit C	<input type="text"/>	Browse...
Exhibit D	<input type="text"/>	Browse...
Exhibit E	<input type="text"/>	Browse...
Exhibit F	<input type="text"/>	Browse...
Exhibit G	<input type="text"/>	Browse...
Exhibit H	<input type="text"/>	Browse...
Exhibit I	<input type="text"/>	Browse...
Exhibit J	<input type="text"/>	Browse...
Exhibit K	<input type="text"/>	Browse...
Exhibit L	<input type="text"/>	Browse...

14. The screen will display a message to let you know that your submission completed successfully.

Home / FSD Applications / Main License

Main License

Submission completed successfully.

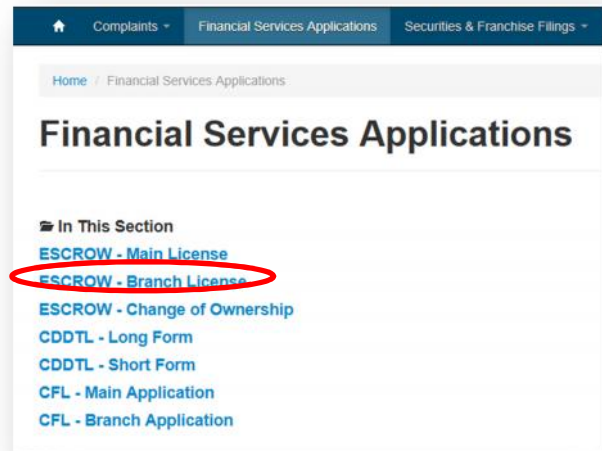
2.2 How to Apply for a Branch License

Steps to Complete Process

1. With the Portal being open to the homepage, click on “Financial Services Applications” at the top of the screen.



2. Click on the “Branch License” hyperlink.



3. Enter the Branch License information.

Branch License

Fee Paid <input type="text"/>	Application Status <input type="text"/>
Name of Applicant * <input type="text"/>	
Office Name and Street <input type="text"/>	Receipt No. <input type="text"/>
Office Zip Code <input type="text"/>	Office City <input type="text"/>
Amount Received <input type="text"/>	Office County <input type="text"/>
DBO Received Date <input type="text"/>	Date of Application <input type="text"/>
Form Type <input type="text"/>	Total Amount Required <input type="text"/>

4. Enter the Principal Office and any Additional Locations presently licensed and then click the "Next" button at the bottom of the screen.

(a) Principal Office:	
Principal Name and Street <input type="text"/>	Principal City <input type="text"/>
Principal Zip Code <input type="text"/>	Principal County <input type="text"/>
(b) ADDITIONAL LOCATIONS PRESENTLY LICENSED: (Attach list as Exhibit if space is insufficient)	
Branch 1 Name and Street <input type="text"/>	Branch 1 City <input type="text"/>
Branch 1 Zip Code <input type="text"/>	Branch 1 County <input type="text"/>
Branch 2 Name and Street <input type="text"/>	Branch 2 City <input type="text"/>

5. Enter the Date and State of Incorporation and then click the next button.

Home / FSD Applications / Branch License

Branch License

1.

and for the purpose of securing the same, applicant makes the foregoing and following sworn statements of fact:

Date of Incorporation

State of Incorporation

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6. Enter how the applicant will be doing business and then click the "Next" button.

Home / FSD Applications / Branch License

Branch License

2.

Applicant will do business as:

☒ An Escrow Agent

☐ A Joint Control Agent

☐ An Internet Escrow Agent

Previous

Next

7. Enter the names of all the officers and directors and then click the "Next" button at the bottom of the screen.

3. Names of officers and directors:

Full first and middle names MUST be given; if no middle name, please so indicate. (Attach list as Exhibit if space is insufficient)

Role 1	First Name 1
<input type="text"/>	<input type="text"/>
Middle Name 1	Last Name 1
<input type="text"/>	<input type="text"/>
Role 2	First Name 2
<input type="text"/>	<input type="text"/>
Middle Name 2	Last Name 2
<input type="text"/>	<input type="text"/>
Role 3	First Name 3
<input type="text"/>	<input type="text"/>

8. Enter the names of all stockholders (if the space is insufficient, then you can attach the list as an optional Exhibit) and then click the "Next" button at the bottom of the screen.

ESCROW - Branch License

4. Names of Stockholders: (Attach list as Exhibit if space is insufficient)

Role 11	First Name 11
<input type="text"/>	<input type="text"/>
Middle Name 11	Last Name 11
<input type="text"/>	<input type="text"/>
Role 12	First Name 12
<input type="text"/>	<input type="text"/>
Middle Name 12	Last Name 12
<input type="text"/>	<input type="text"/>

9. Enter the name of the person proposed as manager and claiming the qualification of Financial Code 17200.8 and then click the "Next" button.

Branch License

5. Name of person proposed as manager and claiming the qualification of Financial Code ("FC") 17200.8 is:

Role 19	First Name 19	Middle Name 19	Last Name 19
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Claiming FC Section 17200.8 Qualifications?			
<input type="text" value="Yes"/>			

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Next

10. Enter the names of the officers, directors, stockholders and employees that are to be stationed at the new location and then click the "Next" button at the bottom of the screen.

ESCROW - Branch License

6. The following officers, directors, stockholder, and employees are to be stationed at the new location.

Role 15	First Name 15
<input type="text"/>	<input type="text"/>
Middle Name 15	Last Name 15
<input type="text"/>	<input type="text"/>
Stationed at Licensed Location 15?	
<input type="text" value="Yes"/>	
Role 16	First Name 16
<input type="text"/>	<input type="text"/>

11. Enter the information for the contact person and then click the "Submit" button at the bottom of the screen.

Branch License

Please indicate the name, address and telephone number of the person who should be contacted for information regarding this application.

Role 21 <input type="text"/>	First Name 21 <input type="text"/>	Middle Name 21 <input type="text"/>	Last Name 21 <input type="text"/>
Number and Street 21 <input type="text"/>	City 21 <input type="text"/>	State 21 <input type="text"/>	Zip Code 21 <input type="text"/>
Telephone Number 21 <input type="text"/>			

[Previous](#) [Submit](#)

12. Attach supporting exhibits. These are defined on the downloadable application instructions form on DBO's website. Not all exhibits are required in order to submit an application, but eventually all such exhibits will be required in order for the application to be considered complete.

Note: It is highly recommended that supporting documents be uploaded in a **PDF format**.

ESCROW - Branch License

Upload related documents:

Exhibit A	<input type="text"/>	Browse...
Exhibit B	<input type="text"/>	Browse...
Exhibit C	<input type="text"/>	Browse...
Exhibit D	<input type="text"/>	Browse...
Exhibit E	<input type="text"/>	Browse...
Exhibit F	<input type="text"/>	Browse...
Exhibit G	<input type="text"/>	Browse...
Exhibit H	<input type="text"/>	Browse...
Exhibit I	<input type="text"/>	Browse...

[Previous](#) [Submit](#)

13. Once the Branch License application has been submitted a message will be displayed at the bottom of the screen saying "Submission completed successfully".

[Home](#) / [FSD Applications](#) / [Branch License](#)

Branch License

Submission completed successfully.

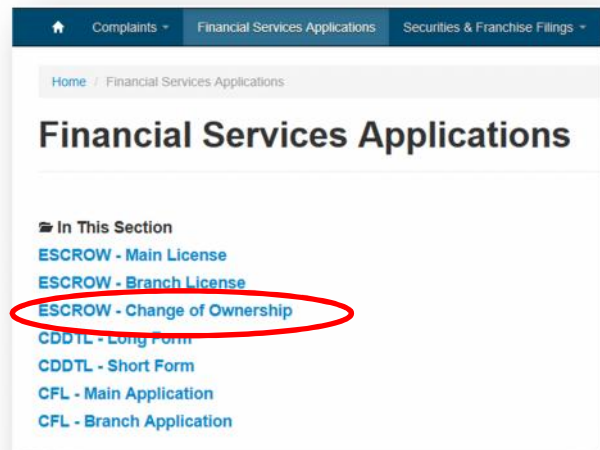
2.3 How to Submit a Change of Ownership

Steps to Complete Process

1. With the Portal being open to the homepage, click on “Financial Services Applications” at the top of the screen.



2. Click on the “Change of Ownership” hyperlink.



3. Enter the main Change of Ownership information.

Change of Ownership

Fee Paid	Application Status
<input type="text"/>	<input type="text"/>
Name of Applicant *	
<input type="text"/>	
File No.	Receipt No.
<input type="text"/>	<input type="text"/>
DBO Received Date	Date of Application
<input type="text"/>	<input type="text"/>
Amount Received	Total Amount Required
<input type="text"/>	<input type="text"/>
Form Type	
<input type="text"/>	

4. Enter the Principal Office and any Additional Locations presently licensed and then click the “Next” button at the bottom of the screen.

(a) Principal Office:			
Principal Name and Street	Principal City	Principal Zip Code	Principal County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b) ADDITIONAL LOCATIONS PRESENTLY LICENSED: (Attach list as Exhibit if space is insufficient)			
Branch 1 Name and Street	Branch 1 City	Branch 1 Zip Code	Branch 1 County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch 2 Name and Street	Branch 2 City	Branch 2 Zip Code	Branch 2 County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch 3 Name and Street	Branch 3 City	Branch 3 Zip Code	Branch 3 County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch 4 Name and Street	Branch 4 City	Branch 4 Zip Code	Branch 4 County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Next"/>			

5. Enter the Date and State of Incorporation and then click the “Next” button.

Change of Ownership

1.

(Applicant) hereby applies to the Commissioner of Corporations for authorization for a change in ownership, and for the purpose of securing the same, applicant makes the foregoing and following sworn statements of fact:

Date of Incorporation

State of Incorporation

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6. Enter the names of all the proposed officers and directors after the change of ownership and then click the "Next" button at the bottom of the screen.

Change of Ownership

2. Names of proposed officers and directors after the change of ownership:

Full first and middle names MUST be given; if no middle name, please so indicate. (Attach list as Exhibit if space is insufficient)

Role 1

First Name 1

Middle Last
Name Name
1 1

Role 2

First Name 2

Middle Last
Name Name
2 2

Role 3

First Name 3

Middle Last
Name Name
3 3

7. Enter the names of the proposed stockholders after the change of ownership and then click the “Next” button at the bottom of the screen.

Home / FSD Applications / Change of Ownership

Change of Ownership

3. Names of proposed stockholders after the change of ownership: (Attach list as Exhibit if space is insufficient)

Role 11	First Name 11	Middle Name 11	Last Name 11
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Role 12	First Name 12	Middle Name 12	Last Name 12
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Role 13	First Name 13	Middle Name 13	Last Name 13
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Role 14	First Name 14	Middle Name 14	Last Name 14
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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8. Enter the name of the person proposed as manager after the change of ownership and claiming the qualification of Financial Code 17200.8 and then click the “Next” button.

Change of Ownership

4. Name of person proposed as manager after the change of ownership and claiming the qualification of Financial Code ("FC") 17200.8 is:

Role 19	First Name 19	Middle Last Name 19
<input type="text"/>	<input type="text"/>	<input type="text"/>
Claiming FC Section 17200.8 Qualifications?		
Yes <input type="checkbox"/>		

Previous **Next**

9. Enter the officers, directors, stockholders and employees that are to be stationed at the licensed location after the change of ownership and then click the "Next" button at the bottom of the screen.

Change of Ownership

5. The following officers, directors, stockholders, and employees are to be stationed at the licensed location after the change of ownership.

Role 15	First Name 15	Middle Last Name 15
<input type="text"/>	<input type="text"/>	<input type="text"/>
Stationed at Licensed Location 15?		
Yes <input type="checkbox"/>		
Role 16	First Name 16	Middle Last Name 16
<input type="text"/>	<input type="text"/>	<input type="text"/>
Stationed at Licensed Location 16?		
Yes <input type="checkbox"/>		
Role 17	First Name 17	Middle Last Name 17
<input type="text"/>	<input type="text"/>	<input type="text"/>
Role 18	First Name 18	Middle Last Name 18
<input type="text"/>	<input type="text"/>	<input type="text"/>
Stationed at Licensed Location 18?		
Yes <input type="checkbox"/>		

Previous **Next**

10. Enter the contact information for the contact person and then click "Submit".

Change of Ownership

Please indicate the name, address and telephone number of the person who should be contacted for information regarding this application.

Role 21	First Name 21	Middle Name 21	Last Name 21
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number and Street 21	City 21	State 21	Zip Code 21
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number 21	<input type="text"/>		

[Previous](#) [Submit](#)

11. Attach supporting exhibits. These are defined on the downloadable application instructions form on DBO's website. Not all exhibits are required in order to submit an application, but eventually all such exhibits will be required in order for the application to be considered complete.

Note: It is highly recommended that supporting documents be uploaded in a **PDF format**.

12. Once the Change of Ownership has been submitted a message will be displayed on the screen that says "Submission completed successfully."

